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Only

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FEC FORM 1		ORGANIZ			• Office Use Only
1. NAME OF COMMITTEE (ir	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Martha Rok					
ADDRESS (number a	nd street)	PO Box 195			
(Check if a is changed		Montgomery			3101
		CITY ▲		STATE ▲	ZIP CODE▲
COMMITTEE'S E-MA (Check if a is changed	address	martharoby@pdscom	pliance.com	1 1 1 1 1 1	
· ·		Optional Second E-Mail A admin@pdscomplia		1 1 1 1 1 1	
COMMITTEE'S WEB (Check if a is changed	address	www.martharoby.com			
2. DATE 13		2018			
3. FEC IDENTIFIC	CATION NU	JMBER ▶ C	C00462143		
4. IS THIS STATEM	MENT	NEW (N) OR	x AMENDED (A)		
certify that I have e	examined th	is Statement and to the bes	st of my knowledge and belief it	t is true, correct an	d complete.
Type or Print Name	of Treasurer	Slawson, Leah, , ,			
Signature of Treasure	er Slaws	on, Leah, , ,	[Electronically Filed]	Date 12	14 2018
NOTE: Submission of			n may subject the person signing		e penalties of 2 U.S.C. §437g.
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • Committee:	
(a)	x	This committee is a principal campaign committee. (Complete the candidate information below.	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Roby, Martha, , ,	
	didate / Affiliation	on REP Office Sought: X House Senate President	State AL District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name		- ago C
Martha Roby fo		
	Organization, Affiliated Committee, Joint Fundraising Represent	tativo or Loadorchin BAC Sponsor
-		lative, of Leadership PAC Sponsor
TEAM ROBY VICTOR	:Y FUND 	
Mailing Address	824 S MILLEDGE AVE STE 101	
	ATHENS GA	A 30605
	CITY STA	ATE ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponso
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of	the person in possession of committee
Slawson,	Leah, , ,	
Full Name	2155 Rosemont Dr	
Mailing Address		
	Montgomery	
	Monagoniciy	
Title or Position	CITY STAT	TE ZIP CODE
Custodian of Records	Telephone number	334 - 239 - 8660
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the comr assistant treasurer).	mittee; and the name and address of
Full Name Slawson, I	_eah, , ,	
of Treasurer	2155 Rosemont Dr	
Mailing Address		
	Montgomery	L 36111-1006 - L
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	334 - 239 - 8660

I LO FUIII	1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number =	
Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, holds see or maintains funds. epository, etc. Servis1st Bank	
Name of Bank, De	epository, etc.	
Name of Bank, De	Servis1st Bank Commerce Street Montgomery AL 36104	IIP CODE
Name of Bank, De	Servis1st Bank Commerce Street Montgomery CITY STATE Z	
Name of Bank, De Name of Bank, De Name of Bank, De	Servis1st Bank Commerce Street Montgomery CITY STATE Z	
Name of Bank, De Land Mailing Address Name of Bank, De Land Land Mailing Address	Servis1st Bank Commerce Street Montgomery AL 36104 CITY STATE Z epository, etc.	
Name of Bank, De Name of Bank, De Name of Bank, De	Servis1st Bank 1 Commerce Street Montgomery AL STATE Z Wells Fargo	
Name of Bank, De Land Mailing Address Name of Bank, De Land Land Mailing Address	Servis1st Bank 1 Commerce Street Montgomery AL 36104 CITY STATE Z epository, etc. Wells Fargo 420 Montgomery St.	
Name of Bank, De Land Mailing Address Name of Bank, De Land Land Mailing Address	Servis1st Bank 1 Commerce Street Montgomery AL STATE Z Wells Fargo	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

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5(g)	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	WINNING WOME	N VICTORY 2018		
	Mailing Address	228 S. WASHINGTON ST.		
		STE.115		
		ALEXANDRIA	, VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
			•	_
	-			
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	
8.	Full Name	CITY A		
8. 9.	Full Name Mailing Address TITLE OR POSITION	CITY A Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name	CITY A Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mathematical parts of Bank, BB&T	CITY A Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching boxes or matching and the safety depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or matching boxes or matching and the safety depository, etc.	CITY CITY Tes: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6

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FEC ID number C Second	(h). Joint Fundraisir	ng Participant:			
3	1.		FEC ID	number	С
ARLINGTON Relationship: CITY A STATE A ZIP CODE A TITLE OR POSITION V CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION V CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number Title OR POSITION V CITY A STATE A ZIP CODE A Telephone Number CITY A STATE A ZIP CODE A Telephone Number	2.		FEC ID	number	С
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spo PRIMARY PATRIOT DAY 2018 Mailing Address PO BOX 9891 ARLINGTON Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY STATE ZIP CODE Telephone Number	3.		FEC ID	number	С
PRIMARY PATRIOT DAY 2018 Mailing Address PO BOX 9891 ARLINGTON ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC 3 Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Telephone Number Chain Bridge Bank NA Pepository, etc. Mailing Address	4.		FEC ID	number	C
Mailing Address PO BOX 9891 ARLINGTON CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC STATE A ZIP CODE ▲ Cesignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number 1445-A Laughlin Ave Mailing Address		=	Fundraising Repre	esentative,	or Leadership PAC Spons
ARLINGTON CITY	PRIMARY PATRI	OT DAY 2018			
ARLINGTON CITY					
Relationship: CITY A STATE A ZIP CODE A Affiliated Committee Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A ZIP CODE A Telephone Number	Mailing Address	PO BOX 9891			
Relationship: CITY A STATE A ZIP CODE A Affiliated Committee Joint Fundraising Representative Leadership PAC s Designated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number		1		1 1 1 1	
Connected Organization		ARLINGTON		VA	22219
Connected Organization	Relationship:	CITY A		STATE A	ZIP CODE ▲
Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number		y by name, address (phone number – optic	onal)		
TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Telephone Number Telephone Number Chain Bridge Bank NA Depository, etc. Mailing Address 1445-A Laughlin Ave					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, related deposit boxes or maintains funds. Chain Bridge Bank NA Depository, etc. 1445-A Laughlin Ave	Mailing Address				
Telephone Number Telephone Nu	maining / laarooo				
Telephone Number Telephone Nu	maming / Idai 1000				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relatety deposit boxes or maintains funds. Chain Bridge Bank NA Depository, etc. 1445-A Laughlin Ave 1445-A Laug	ag / tadiooo				
lame of Bank, Chain Bridge Bank NA Depository, etc. Mailing Address Mailing Address		CITY A	ST	TATE A	ZIP CODE A
Mailing Address		CITY A			ZIP CODE A
McLean VA 22219	TITLE OR POSITION Banks or Other Depositor defety deposit boxes or management of Bank, Chain	pries: List all banks or other depositories in aintains funds. Bridge Bank NA	Telephone Nur	nber	
McLean VA 22219	TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Chain Depository, etc.	pries: List all banks or other depositories in aintains funds. Bridge Bank NA	Telephone Nur	nber	
	TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Chain Depository, etc.	bries: List all banks or other depositories in aintains funds. Bridge Bank NA 1445-A Laughlin Ave	Telephone Nur	e deposits	funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		<u> </u>
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
esignated Agent: Identii	fy by name, address (phone number – optional)		tive Leadership PAC Sp
esignated Agent: Identif	fy by name, address (phone number – optional)		Leadership PAC Sp
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A City A pries: List all banks or other depositories in which	Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite defety deposit boxes or mane of Bank,	CITY A City A pries: List all banks or other depositories in which	Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, depository, etc.	CITY A City A pries: List all banks or other depositories in which	Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A City A pries: List all banks or other depositories in which	Telephone Number	ZIP CODE A